



Town of Arlington
Department of Health and Human Services
Office of the Board of Health
27 Maple Street
Arlington, MA 02476

Tel: (781) 316-3170
Fax: (781) 316-3175

Application for Permit to Operate a Bathing Beach

Fee: \$110.00 (Payable to: Town of Arlington)

Beach Name: _____ **Water Body:** _____

Address / Location of Beach: _____

City / Town: _____ **On- site Telephone #:** _____

Beach Operator Name: _____ **Telephone #:** _____

Address: _____

Email Address: _____

Dates of Operation of the Beach: *From* _____ *to* _____
(Specific dates are required example: May 1st to September 1st)

Time & Day of the Week that Water Sample is collected: _____

Laboratory Performing Analysis: _____

Laboratory Telephone #: _____

Please circle the answer to the following questions:

Has the Beach Operator reviewed 105 CMR 445.000, <i>Minimum Standards for Bathing Beaches (State Sanitary Code, Chapter VII)</i> , amended September 18, 2009?	YES	NO
Will the Board of Health be notified within 5 days of the results of routine testing?	YES	NO
Will the Board of Health be notified immediately (within 12 hours) of any exceedance?	YES	NO
Will the Field Data Forms be completed in full for each sampling event?	YES	NO
Will the signage required by 105 CMR 445.020 be provided and maintained?	YES	NO
Will there be any lifeguards on duty? (If yes, provide current credentials for all.)	YES	NO

Signature of Applicant: _____ **Date:** _____

For Office Use Only

Approved/Denied (circle one) If denied, reason why: _____

Permit #: _____ Permit Start Date: _____ Permit Expiration Date: _____

Paid: _____ Staff: _____